

**SUFFOLK COUNTY DEPARTMENT OF LABOR – *LIVING WAGE* UNIT**

**HARDSHIP ASSISTANCE AUTHORIZATION FORM**

Living Wage Law, Suffolk County Code, Chapter 347 (2001)

**TO BE COMPLETED BY MANAGING AGENCY AND FORWARDED TO *LIVING WAGE* UNIT**

MANAGING AGENCY \_\_\_\_\_ REPRESENTATIVE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

\_\_\_\_\_

CONTRACT AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

Rationale for application for additional hardship assistance from the County of Suffolk:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This agency recommends additional funding in the amount of \_\_\_\_\_ for

\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

**THIS FORM MUST ACCOMPANY ANY DOL-LW 29 SUBMITTED BY A COVERED EMPLOYER**